



# Specialized ICD-10-CM Coding Training *For Local Health Departments and Rural Health*

## Family Planning

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# Family Planning Training Objectives

- Develop a general understanding of the coding guidelines for those chapters in ICD-10-CM that will be utilized by health department staff for coding encounters in Family Planning
- Demonstrate how to accurately assign ICD-10-CM codes using Family Planning scenarios

**NOTE:** Basic ICD-10-CM Coding training is a prerequisite for this course



# Chapter 21

## Factors influencing health status and contact with health services Instructional Notes


- **Code Range: Z00~Z99**
- Z codes represent reasons for encounters
- CPT code must accompany Z codes if a procedure is performed
- Provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories A00~Y89 are recorded as ‘diagnoses’ or ‘problems’
  - This can arise in two main ways:
    - When a person who may or may not be sick encounters health services for some specific purpose
      - Examples: Encounter for initial prescription of contraceptive pills
    - When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury
      - Example: Pregnant client seen for Family Planning counseling



# Chapter 21

## Factors influencing health status and contact with health services

### Coding Guidelines

- Z codes are for use in any healthcare setting
  - Depending on circumstances of the encounter, Z codes may be used as either
    - a first-listed code; **or**
    - secondary code
  - Certain Z codes may only be used as first-listed
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# Chapter 21

## Factors influencing health status and contact with health services

### Content

Chapter 21 contains the following block – 1<sup>st</sup> character is Z

Z00-Z13	Persons encountering health services for examinations	Z40-Z53	Encounters for other specific health car
Z14-Z15	Genetic carrier and genetic susceptibility to disease	Z55-Z65	Persons with potential health hazards related to socioeconomic and psychosocial circumstances
Z16	Resistance to antimicrobial drugs	Z66	Do not resuscitate status
Z17	Estrogen receptor status	Z67	Blood type
Z18	Retained foreign body fragments	Z68	Body mass index (BMI)
Z20-Z28	Persons with potential health hazards related to communicable diseases	Z69-Z76	Persons encountering health services in other circumstances
Z30-Z39	Persons encountering health services in circumstances related to reproduction	Z77-Z99	Persons with potential health hazards related to family and personal history and certain conditions influencing health status



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Screening**

- Testing for disease or disease precursors in seemingly well individuals so early detection and treatment can be provided for those who test positive for the disease
  - Z11.4 Encounter for screening for HIV
  - Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission
  - Z11.8 Encounter for screening for chlamydia
  - Z12.4 Encounter for screening for malignant neoplasm of cervix
- Screening code may be a first-listed code if the reason for the visit is specifically the screening exam
- Screening code may also be used as an additional code if the screening is done during an office visit for other health problems
- Screening code is not necessary if the screening is inherent to a routine examination unless instructional notes state otherwise





# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Counseling**
  - Client/family member receives assistance in aftermath of illness/injury, or support is required in coping with family/social problems
    - Not used with a diagnosis code when counseling component is considered integral to standard treatment
- **Counseling Z codes/categories:**
  - Z30.0- Encounter for general counseling and advice on contraception
  - Z31.5 Encounter for genetic counseling
  - Z31.6- Encounter for general counseling and advice on procreation
  - Z32.2 Encounter for childbirth instruction
  - Z32.3 Encounter for childcare instruction
  - Z69 Encounter for mental health services for victim and perpetrator of abuse
  - Z70 Counseling related to sexual attitude, behavior and orientation
  - Z71 Persons encountering health services for other counseling and medical advice, not elsewhere classified
  - Z76.81 Expectant mother prebirth pediatrician visit



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Persons encountering health services in circumstances related to reproduction (Z30~Z39)**
  - Z30 Encounter for contraceptive management
    - Z30.014 Encounter for initial prescription of IUD
  - Z31 Encounter for procreative management
    - Z31.41 Encounter for fertility testing
  - Z32 Encounter for pregnancy test and childcare and childbirth instruction
    - Z32.02 Encounter for pregnancy test, result negative
  - Z33 Pregnant state
    - Z33.1 Pregnant state, incidental





# Chapter 21

## Factors influencing health status and contact with health services

### Coding Guidelines

- **Persons encountering health services for examinations (Z00~Z13)**
  - Includes encounters for routine examinations and examinations for administrative purposes (e.g., a pre-employment physical)
    - **Z01.411 Encounter for gynecological examination (general) (routine) with abnormal findings**
    - Do not use these codes if the examination is for diagnosis of a suspected condition or for treatment purposes; in such cases the diagnosis code is used
  - During a routine exam, any diagnosis or condition discovered during the exam should be coded as an additional code
  - Some codes for routine health examinations distinguish between “with” and “without” abnormal findings
    - When assigning a code for “with abnormal findings,” additional code(s) should be assigned to identify the specific abnormal finding(s)



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Status Codes**

- Indicate a client is either
  - carrier of a disease (**Z21-Asymptomatic HIV infection status**)
  - has the sequelae or residual of a past disease or condition (**Z98.51 – Tubal ligation status**)
- Include such things as the presence of prosthetic or mechanical devices resulting from past treatment (**Z97.0-Presence of artificial eye**)
- Are informative ~ the status may affect the course of treatment and its outcome (**Z94.0 – Kidney transplant status**)
- Are distinct from history codes which indicate the client no longer has the condition (**Z85.3 – Personal history of malignant neoplasm of breast**)
- **Z33.1 Pregnant state, incidental** – secondary code used when the pregnancy is in no way the complicating reason for the visit



# Chapter 21

## Factors influencing health status and contact with health services

### Coding Guidelines

- **Status Z codes/categories are:**
  - Z14 Genetic carrier ~ indicates that a person carries a gene, associated with a particular disease, which may be passed to offspring who may develop that disease
    - The person does not have the disease and is not at risk of developing the disease
  - Z15 Genetic susceptibility to disease ~ indicates that a person has a gene that increases the risk of that person developing the disease
    - Codes from category Z15 should not be used as first-listed codes
    - If the client has the condition to which he/she is susceptible, and that condition is the reason for the encounter, the current condition should be first-listed
    - If the client is being seen for follow-up after completed treatment for this condition, and the condition no longer exists a follow-up code should be sequenced first, followed by the appropriate personal history and genetic susceptibility codes
    - If the purpose of the encounter is genetic counseling associated with procreative management, **Z31.5, Encounter for genetic counseling**, should be assigned as the first-listed code, followed by a code from category Z15. Additional codes should be assigned for any applicable family or personal history



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Status Z codes/categories are:**
  - Z16 Resistance to antimicrobial drugs ~ Code indicates that a client has a condition that is resistant to antimicrobial drug treatment
    - Sequence the infection code first
  - Z17 Estrogen receptor status
  - Z18 Retained foreign body fragments
  - Z21 Asymptomatic HIV infection status ~ Code indicates that a client has tested positive for HIV but has manifested no signs or symptoms of the disease
  - Z22 Carrier of infectious disease ~ Indicates that a person harbors the specific organisms of a disease without manifest symptoms and is capable of transmitting the infection
  - Z28 Immunization not carried out and underimmunization status
  - Z33.1 Pregnant state, incidental – secondary code used when the pregnancy is in no way the complicating reason for the visit



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Status Z codes/categories are:**
  - Z66 Do not resuscitate ~ Used when it is documented by the provider that a client is on “Do not resuscitate” (DNR) status
  - Z67 Blood type
  - Z68 Body mass index (BMI)
  - Z74.01 Bed confinement status
  - Z76.82 Awaiting organ transplant status
  - Z78 Other specified health status
  - Z78.1 Physical restraint status, may be used when it is documented by the provider that a client has been put in restraints during the current encounter
    - This code should not be reported when it is documented by the provider that a client is temporarily restrained during a procedure





# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Status Z codes/categories are:**
  - Z79 Long-term (current) drug therapy ~ Indicates a client's continuous use of a prescribed drug (e.g., **Z79.3 – Long term (current) use of hormonal contraceptives**) for the long-term treatment of a chronic condition (e.g., arthritis), for prophylactic use (such as for the prevention of deep vein thrombosis), or a disease requiring a lengthy course of treatment (such as cancer)
    - It is **not** for use for clients who have addictions to drugs
    - It is **not** for use of medications for detoxification or maintenance programs to prevent withdrawal symptoms in patients with drug dependence (e.g., methadone maintenance for opiate dependence)
      - Assign the appropriate code for the drug dependence instead
  - Do not assign a code from category Z79 for medication being administered for a brief period of time to treat an acute illness or injury (such as a course of antibiotics to treat acute bronchitis)



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Status Z codes/categories are:**
  - Z88 Allergy status to drugs, medicaments and biological substances
  - Z89 Acquired absence of limb
  - Z90 Acquired absence of organs, not elsewhere classified
  - Z91.0 Allergy status, other than to drugs and biological substances
  - Z93 Artificial opening status
  - Z94 Transplanted organ and tissue status
  - Z95 Presence of cardiac and vascular implants and grafts
  - Z96 Presence of other functional implants
  - Z97 Presence of other devices
  - Z98 Other post-procedural states
  - Z99 Dependence on enabling machines and devices, not elsewhere classified



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **History (of) – Personal and Family**
  - Personal history codes explain a client's past medical condition that no longer exists and is not receiving any treatment
    - Has the potential for recurrence, and therefore may require continued monitoring
    - Personal history codes may be used in conjunction with **follow-up codes**
    - **Z85.41 – Personal history of malignant neoplasm of cervix uteri**
    - **Z87.41 – Personal history of cervical dysplasia**
  - Family history codes are for use when a client has a family member(s) who has had a particular disease that causes the client to be at higher risk of also contracting the disease
    - Family history codes may be used in conjunction with **screening codes** to explain the need for a test or procedure
    - **Z82.79 – Family history of other congenital malformations, deformations and chromosomal abnormalities**



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **History (of) Z codes/categories are:**
  - Z80 Family history of primary malignant neoplasm
  - Z81 Family history of mental and behavioral disorders
  - Z82 Family history of certain disabilities and chronic diseases (leading to disablement)
  - Z83 Family history of other specific disorders
  - Z84 Family history of other conditions
  - Z85 Personal history of malignant neoplasm
  - Z86 Personal history of certain other diseases
  - Z87 Personal history of other diseases and conditions
  - Z91.4~ Personal history of psychological trauma, not elsewhere classified
  - Z91.5 Personal history of self-harm
  - Z91.8~ Other specified personal risk factors, NEC (Except Z91.83)
  - Z92 Personal history of medical treatment (Except Z92.0 and Z92.82)



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Miscellaneous Z codes**

- These codes capture a number of other health care encounters that do not fall into one of the other categories
  - May identify the reason for the encounter
  - May be used as additional codes to provide useful information on circumstances that may affect a patient's care and treatment

- **Miscellaneous Z codes/categories**

- Z28 Immunization not carried out
- Z40 Encounter for prophylactic surgery
- Z41 Encounter for procedures for purposes other than remedying health state
- Z53 Persons encountering health services for specific procedures and treatment, not carried out
  - **Z53.09 Procedure and treatment not carried out because of other contraindication**





# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Miscellaneous Z codes/categories (cont'd)**
  - Z55 Problems related to education and literacy
  - Z56 Problems related to employment and unemployment
  - Z57 Occupational exposure to risk factors
  - Z58 Problems related to physical environment
  - Z59 Problems related to housing and economic circumstances
  - Z60 Problems related to social environment
  - Z62 Problems related to upbringing
  - Z63 Other problems related to primary support group, including family circumstances
  - Z64 Problems related to certain psychosocial circumstances
  - Z65 Problems related to other psychosocial circumstances



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Miscellaneous Z codes/categories (cont'd)**
  - Z72 Problems related to lifestyle
  - Z73 Problems related to life management difficulty
  - Z74 Problems related to care provider dependency
    - Except: Z74.01, Bed confinement status
  - Z75 Problems related to medical facilities and other health care
  - Z76.0 Encounter for issue of repeat prescription
  - Z76.3 Healthy person accompanying sick person
  - Z76.4 Other boarder to healthcare facility
  - Z76.5 Malingerer [conscious simulation]
  - Z91.1~ Patient's noncompliance with medical treatment and regimen
  - Z91.83 Wandering in diseases classified elsewhere
  - Z91.89 Other specified personal risk factors, not elsewhere classified



# Chapter 21

## Factors influencing health status and contact with health services

### Coding Guidelines

- **Z Codes That May Only be First-Listed Diagnosis**
  - Except when there are multiple encounters on the same day and the medical records for the encounters are combined
  - Z00 Encounter for general examination without complaint, suspected or reported diagnosis
  - Z01 Encounter for other special examination without complaint, suspected or reported diagnosis
  - Z02 Encounter for administrative examination
  - Z03 Encounter for medical observation for suspected diseases and conditions ruled out
  - Z04 Encounter for examination and observation for other reasons
  - Z33.2 Encounter for elective termination of pregnancy
  - Z31.81 Encounter for male factor infertility in female patient
  - Z31.82 Encounter for Rh incompatibility status
  - Z31.83 Encounter for assisted reproductive fertility procedure cycle



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Z Codes That May Only be First-Listed Diagnosis (cont'd)**
  - Z31.84 Encounter for fertility preservation procedure
  - Z34 Encounter for supervision of normal pregnancy
  - Z39 Encounter for maternal postpartum care and examination
  - Z38 Liveborn infants according to place of birth and type of delivery
  - Z51.0 Encounter for antineoplastic radiation therapy
  - Z51.1~ Encounter for antineoplastic chemotherapy and immunotherapy
  - Z52 Donors of organs and tissues
    - Except: Z52.9, Donor of unspecified organ or tissue
  - Z76.1 Encounter for health supervision and care of foundling
  - Z76.2 Encounter for health supervision and care of other healthy infant and child
  - Z99.12 Encounter for respirator [ventilator] dependence during power failure



# Chapter 21

## Factors influencing health status and contact with health services

### Questions/Group Exercise

- Questions?
- **Scenario 1:** *A healthy 17 year old female comes in wanting to get started on oral contraceptives. She reports that her mother had breast cancer. She smokes ½ pack cigarettes a day. After her assessment she is started on Ortho Tri-Cyclen.*
- **Scenario 2:** *A 24 year old woman with a history of Chlamydia two years ago comes in requesting an IUD. Examination is normal but tested for Chlamydia and a pap smear is done. IUD was inserted with no problems noted.*





## Chapter 18

### Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified Instructional Notes

- Chapter 18 includes symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded
- **Code Range: R00-R94** The conditions and signs or symptoms included in this code range consist of:
  - cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated
  - signs or symptoms existing at the time of initial encounter that proved to be transient and whose causes could not be determined
  - provisional diagnosis in a patient who failed to return for further investigation or care
  - cases referred elsewhere for investigation or treatment before the diagnosis was made
  - cases in which a more precise diagnosis was not available for any other reason
  - certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right



# Chapter 18

## Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified Content

**Chapter 18 contains the following block – 1<sup>st</sup> character is R**

R00-R09	Symptoms and signs involving the circulatory and respiratory systems	R50-R69	General symptoms and signs
R10-R19	Symptoms and signs involving the digestive system and abdomen	R70-R79	Abnormal findings on examination of blood, without diagnosis
R20-R23	Symptoms and signs involving the skin and subcutaneous tissue	R80-R82	Abnormal findings on examination of urine, without diagnosis
R25-R29	Symptoms and signs involving the nervous and musculoskeletal systems	R83-R89	Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis
R30-R39	Symptoms and signs involving the genitourinary system	R90-R94	Abnormal findings on diagnostic imaging and in function studies, without diagnosis
R40-R46	Symptoms and signs involving cognition, perception, emotional state and behavior	R97	Abnormal tumor markers
R47-R49	Symptoms and signs involving speech and voice	R99	Ill-defined and unknown cause of mortality



## Chapter 18

### Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified CMS Guidance Related to Chapter 18 codes

- Specific diagnosis codes should be reported when they are supported by:
  - medical record documentation, and
  - clinical knowledge of the patient's health condition
- Codes for signs/symptoms have acceptable, even necessary, uses
  - There are instances when signs/symptom codes are the best choice for accurately reflecting a health care encounter
  - If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis
- Each health care encounter should be coded to the level of certainty known for that encounter



# Chapter 19

Injury, poisoning, and certain other consequences of external causes

## Content

Chapter 19 contains the following block – 1<sup>st</sup> characters are S and T

S00-S09 Injuries to the head	T15-T19 Effects of foreign body entering through natural orifice
S10-S19 Injuries to the neck	T20-T32 Burns and corrosions
S20-S29 Injuries to the thorax	T20-T25 Burns and corrosions of external body surface, specified by site
S30-S39 Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals	T26-T28 Burns and corrosions confined to eye and internal organs
S40-S49 Injuries to the shoulder and upper arm	T30-T32 Burns and corrosions of multiple and unspecified body regions
S50-S59 Injuries to the elbow and forearm	T33-T34 Frostbite
S60-S69 Injuries to the wrist, hand and fingers	T36-T50 Poisoning by, adverse effect of and underdosing of drugs, medicaments and biological substances
S70-S79 Injuries to the hip and thigh	T51-T6 Toxic effects of substances chiefly nonmedicinal as to source
S80-S89 Injuries to the knee and lower leg	T66-T78 Other and unspecified effects of external causes
S90-S99 Injuries to the ankle and foot	T79 Certain early complications of trauma
T07 Injuries involving multiple body regions	T80-T88 Complications of surgical and medical care, not elsewhere classified
T14 Injury of unspecified body region	





# Chapter 19

## Injury, poisoning, and certain other consequences of external causes

### Coding Guidelines

- Application of 7th Characters in Chapter 19
  - Most categories in this chapter have three **7th character values** (with the exception of fractures which have more than 3 7<sup>th</sup> character selections):
    - A~ initial encounter
      - used when client is receiving active treatment for the **condition**
      - Examples of active treatment are: surgical treatment, emergency department encounter, and evaluation and treatment by a **new** physician
    - D~ subsequent encounter
      - used for encounters after client has received active treatment of the **condition** and is receiving routine care for the **condition** during the healing or recovery phase
      - Aftercare 'Z' codes not needed when 7<sup>th</sup> character 'D' code is used
      - Examples of subsequent care are: cast change or removal, medication adjustment, aftercare and follow up visits following **treatment of the injury or condition**
    - S ~ sequela
      - use for complications or conditions that arise as a direct result of a **condition**
      - Example: scar formation after a burn ~ the scars are sequelae of the burn





# Chapter 19

## Injury, poisoning, and certain other consequences of external causes Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects
  - Codes in categories T36-T65 are combination codes that include the substance that was taken as well as the intent
  - **Do not** code directly from the Table of Drugs and Chemicals. The Alphabetic Index will direct you to the Table of Drugs and Chemicals and then always refer back to the Tabular List
    - From the Tabular, look at the instructional notes at the beginning of the code block as well as the beginning of each category
  - Use as many codes as necessary to describe completely all drugs, medicinal or biological substances
  - If the same code would describe the causative agent for more than one adverse reaction, poisoning, toxic effect or underdosing, assign the code only once



# Chapter 19

## Injury, poisoning, and certain other consequences of external causes

### Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects (cont'd)
  - The occurrence of drug toxicity is classified in ICD-10-CM as follows:
    - **Adverse Effect** ~ When coding an adverse effect of a drug that has been correctly prescribed and properly administered
      - assign the appropriate code for the nature of the adverse effect
        - » Examples: Tachycardia, delirium, vomiting
      - followed by the appropriate code for the adverse effect of the drug (T36-T50)
    - **Poisoning** ~ When coding a poisoning or reaction to the improper use of a medication (e.g., overdose, wrong substance given or taken in error, wrong route of administration)
      - First assign the appropriate code from categories T36-T50
        - » The poisoning codes have an associated intent as their 5th or 6th character (accidental, intentional self-harm, assault and undetermined)
      - Use additional code(s) for all manifestations of poisonings
      - If there is also a diagnosis of abuse or dependence of the substance, the abuse or dependence is assigned as an additional code



# Chapter 19

## Injury, poisoning, and certain other consequences of external causes Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects (cont'd)
  - The occurrence of drug toxicity is classified in ICD-10-CM as follows:  
(cont'd)
  - Examples of **Poisoning**:
    - Errors made in drug prescription or in the administration of the drug by provider, nurse, patient, or other person
    - Overdose of a drug intentionally taken or administered that results in drug toxicity
    - Nonprescribed drug or medicinal agent (e.g., NyQuil) taken in combination with correctly prescribed and properly administered drug - any drug toxicity or other reaction resulting from the interaction of the two drugs would be classified as a poisoning
    - Interaction of drug(s) and alcohol causing a reaction would be classified as a poisoning



# Chapter 19

## Injury, poisoning, and certain other consequences of external causes

### Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects (cont'd)
  - The occurrence of drug toxicity is classified in ICD-10-CM as follows: (cont'd)
  - **Underdosing**
    - Taking less of a medication than is prescribed by a provider or a manufacturer's instruction
    - For underdosing, assign the code from categories T36-T50 (fifth or sixth character "6")
      - Example: T38.2X6~ Underdosing of antithyroid drugs
    - Codes for underdosing should never be assigned as first-listed codes
      - If a patient has a relapse or exacerbation of the medical condition for which the drug is prescribed because of the reduction in dose, then the medical condition itself should be coded (e.g., Goiter develops)
    - Noncompliance (Z91.12~, Z91.13~) or complication of care (Y63.8-Y63.9) codes are to be used with an underdosing code to indicate intent, if known

Z91.130 Patient's unintentional underdosing of medication regimen due to age-related debility

Y63.8 Failure in dosage during other surgical and medical care





# Chapter 18 & 19

Signs/Symptoms, Injury, poisoning, and certain other consequences of external causes

## Questions/Group Exercise

- Questions?
- **Scenario 1:** *A 30 year old comes in for her annual Family Planning physical. Her last Pap test 6 months ago was LSIL, but she has missed her follow up appointments. A pap smear is done.*
- **Scenario 2:** *A 21 year old was seen in the clinic two weeks ago requesting birth control pills so following a normal examination she was prescribed Seasonique. She is seen today because she has been experiencing lower abdominal cramps, and mild nausea since starting the Seasonique. It appears she is having a adverse reaction to the pill so is told to discontinue taking the pill and return in one week.*





# Family Planning True/False Quiz

1. A status code is distinct from a history code
2. If a client comes in for a Family Planning annual visit and complains of severe headaches, the severe headaches will be first-listed
3. Each health care encounter should be coded based on my knowledge of what was done – not what was documented
4. Signs and symptoms are acceptable for cases where a more specific diagnosis cannot be made even after all the facts bearing on the case have been investigated



# Family Planning Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
1	16-year old female comes in requesting to get started on oral contraceptives. Her well child visit 3 weeks ago was unremarkable. Menses are regular, no complaints. She is started on Ortho Tri-Cyclen.	
2	A 28 year old with a history of contraceptive failure resulting in a pregnancy while using a diaphragm, comes in to discuss other methods. She decides that she wants to use Nexplanon.	
3	A 16 year old, never seen in the LHD before, comes in seeking a pregnancy test. The test is positive and 8 weeks gestation. She is referred to Maternal Health.	
4	A 32 year old male is here for his annual Family Planning visit. He and his partner have chosen a non-hormonal IUD as their contraceptive choice and they are happy with their method. During the routine physical exam the provider observes and documents raised veruca cell lesions, .25 cm in diameter with 3-4 in cluster on penile. Dx: Condyloma treated with Trichloroacetic acid (TCA) and return to clinic in 7 days for retreatment. Safe sex and STD prevention were discussed.	



# Family Planning Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
5	Ms. C had an implant inserted 2 weeks ago in her right upper arm and returns to clinic with complaints of pain at insertion site and dizziness; provider examines the insertion site and has a 15 minute discussion re: whether to keep or remove the implant. Ms. C decides not to remove the implant; will return to the office in a month if symptoms continue.	
6	A 17-year-old established patient seen for “check-up” and initiation of contraception; Menses are regular; no complaints; Sexual debut 6 months ago; 2 lifetime partners; BP checked; vaginal swab for Gonorrhea/Chlamydia (NAAT); Given prescription for Ortho-Evra patch.	
7	A 21 year old female presents to FP clinic for Depo Provera injection. She reports increasing feelings of sadness and hopelessness and has gained 8 pounds since her last visit three months ago. The nurse refers the patient to the clinician for evaluation.	
8	19 year old female in for family planning annual exam. Breast tenderness x 3 months. Findings include ½ cm fibrocystic nodule in left breast and 1 cm mobile nodule in right breast. Right breast ultrasound ordered—possible breast adenoma	
9	Clinic visit for replacement of intrauterine contraceptive device	



# Evaluation and Questions

Evaluation Forms are located at:

[http://publichealth.nc.gov/lhd/icd10/docs/training/Coding  
TrainingEvaluationFormforSept2014~Training.pdf](http://publichealth.nc.gov/lhd/icd10/docs/training/CodingTrainingEvaluationFormforSept2014~Training.pdf)

Submit Evaluation Forms and Questions to:

[Sarah.Brooks@dhhs.nc.gov](mailto:Sarah.Brooks@dhhs.nc.gov)